



2001 Annual Report

of the

State Human Rights Committee

to the

State Mental Health, Mental Retardation, and
Substance Abuse Services Board

Presented to the State Mental Health, Mental Retardation and Substance Abuse Services Board

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MESSAGE FROM THE SHRC CHAIRS and THE DIRECTOR OF HUMAN RIGHTS

The year 2001 presented many challenges for the Office of Human Rights (OHR) and the State Human Rights Committee (SHRC). The major focus of the year was the promulgation and implementation of, and the training on, the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services*. The State Board was instrumental in the ultimate successful outcome for the regulations.

The efforts to promulgate the new human rights regulations took the majority of the year. The draft regulations were processed through the Administrative Process Act procedures, including the conclusion of the public comment period on February 4, 2001. New to the process this past year was a peer review conducted by agencies within the Health and Human Resources secretariat. This peer review was included as part of the review by the Office of the Secretary of Health and Human Resources.

The State Board originally approved the regulations for promulgation on May 17, 2001 with an effective date of July 17, 2001. However, the Department received over 25 letters that requested the suspension of the regulations and an opportunity for additional public comment. The regulations were suspended and made available for an additional 30-day public comment period that concluded on August 30, 2001. Approximately 70 individuals made comments during this period. The majority of the comments were on the Electro-Convulsive Therapy and Informed Consent provisions in the regulations.

The regulations underwent additional revision and were considered by the State Board at its meeting on September 28, 2001. The State Board voted to approve the regulations for promulgation with an effective date of November 21, 2001. After more than ten years of effort by countless people, the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services* became effective on November 21, 2001.

The State Human Rights Committee and the Office of Human Rights would like to extend our gratitude and sincere appreciation to the members of the State Mental Health, Mental Retardation and Substance Abuse Board for all their efforts over the years toward the promulgation of new human rights regulations including serving as chairpersons for all the public hearings. The State MHMRSAS Board has shown inspired leadership and dedication to improving the protections of consumer rights in Virginia.

The OHR and SHRC established the Human Rights Regulations Training and Implementation Advisory Team to provide consultation on how to train and implement the new regulations. The Advisory Team was comprised of providers, state facility staff, advocacy representatives and other interested constituents. The Advisory Team met three times during the year and assisted with the development of the Schedule for Measuring Initial Compliance with the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services* and the training programs.

Training on the new regulations is extremely important. Consumers, family members, professionals, providers, advocacy groups, and LHRC/SHRC members are accustomed to the old regulations. To assist all interested parties in becoming knowledgeable about the regulations and how to implement them requires that the training opportunities be provided in a variety of formats and modalities. Several types of training have been, and are continuing to be, developed including individual consultation, presentations at conferences and meetings, individual topic sessions and comprehensive sessions. Some training opportunities are daylong events similar to a conference while others are sessions that are broadcast across the state via polycom.

Our sincere thanks to the human rights staff and the many volunteers who serve on local human rights committees and to the members of the State Human Rights Committee for their tremendous efforts in support of the human rights program.

We take pride in the accomplishments of the past year, and look forward to the future, feeling confident that with dedicated staff, committed volunteers and the support of the Department and the State Board, we can succeed in making this program the best possible.

James Harper, Co-chair
State Human Rights Committee

Peter McIntosh, Co-chair
State Human Rights Committee

Margaret Walsh, Director
Office of Human Rights

OVERVIEW

The Department's Office of Human Rights, established in 1978, has as its basis the ***Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services***. These Regulations outline the Department's responsibility for assuring the protection of the rights of consumers in facilities and programs operated funded and licensed by DMHMRSAS.

Title 37.1-84.1, Code of Virginia (1950), as amended and the Office of Human Rights assure that each consumer has the right to:

- Retain his legal rights as provided by state and federal law;
- Receive prompt evaluation and treatment or training about which he is informed insofar as he is capable of understanding;
- Be treated with dignity as a human being and be free from abuse and neglect;
- Not be the subject of experimental or investigational research without his prior written and informed consent or that of his legally authorized representative.
- Be afforded the opportunity to have access to consultation with a private physician at his own expense;
- Be treated under the least restrictive conditions consistent with his condition and not be subjected to unnecessary physical restraint or isolation;
- Be allowed to send and receive sealed letter mail;
- Have access to his medical and mental records and be assured of their confidentiality;
- Have the right to an impartial review of violations of the rights assured under this section and the right to access legal counsel; and
- Be afforded the appropriate opportunities... to participate in the development and implementation of his individualized service plan.

The State Human Rights Committee's function is to ensure the protection of the legal and human rights of consumers who receive services in programs or facilities operated, funded or licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, and to ensure that services are provided in a manner compatible with human dignity and under the least restrictive conditions consistent with the consumer's needs and available services. The SHRC has the responsibility of monitoring and evaluating the implementation and enforcement of the ***Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services*** promulgated pursuant to § 37.1-84.1 of the Code of Virginia, as amended.

The State Human Rights Committee:

- ◆ Consist of nine members appointed by the board.
 - a. Members shall be broadly representative of professional and consumer interests and of geographic areas in the Commonwealth. At least two members shall be individuals who are receiving services or have received within five years of their initial appointment public or private mental health, mental retardation, or substance abuse treatment or habilitation services. At least one-third shall be consumers or family members of similar individuals.

- b. No member can be an employee or board member of the department or any of its Community Services Boards.
 - c. All appointments after November 21, 2001 shall be for a term of three years.
 - d. If there is a vacancy, interim appointments may be made for the remainder of the unexpired term.
 - e. A person may be appointed for no more than two consecutive terms. A person appointed to fill a vacancy may serve out that term, and then be eligible for two additional consecutive terms.
- ◆ Elect a chair from its own members who shall:
 - a. Coordinate the activities of the SHRC;
 - b. Preside at regular meetings, hearings and appeals; and
 - c. Have direct access to the Commissioner and the board in carrying out these duties.
- ◆ Upon request of the Commissioner, human rights advocate, provider, Director, an individual or individuals receiving services, or on its own initiative, the SHRC may review any existing or proposed policies, procedures, or practices that could jeopardize the rights of one or more individuals receiving services from any provider. In conducting this review, the SHRC may consult with any human rights advocate, employee of the Director, or anyone else. After this review, the SHRC shall make recommendations to the Director or Commissioner concerning changes in these policies, procedures, and practices.
- ◆ Determine the appropriate number and geographical boundaries of LHRCs and consolidate LHRCs serving only one provider into regional LHRCs whenever consolidation would assure greater protection of rights under these regulations.
- ◆ Appoint members of LHRCs with the advice of and consultation with the Commissioner and the State Human Rights Director.
- ◆ Advise and consult with the Commissioner in the employment of the State Human Rights Director and human rights advocates.
- ◆ Conduct at least eight regular meetings per year.
- ◆ Review decisions of LHRCs and, if appropriate, hold hearings and make recommendations to the Commissioner, the board, and providers' governing bodies regarding alleged violations of individuals' rights according to the procedures specified in these regulations.
- ◆ Provide oversight and assistance to LHRCs in the performance of their duties hereunder.
- ◆ Notify the Commissioner and the State Human Rights Director whenever it determines that its recommendations in a particular case are of general interest and applicability to providers, human rights advocates, or LHRCs and assure the availability of the opinion or report to providers, human rights advocates, and LHRCs as appropriate. No document made available shall identify the name of individuals or employees in a particular case.
- ◆ Grant or deny variances according to the procedures specified in Part V (12 VAC 35-115-220) of this chapter and review approved variances at least once every year.
- ◆ Make recommendations to the board concerning proposed revisions to these regulations.

- ◆ Make recommendations to the Commissioner concerning revisions to any existing or proposed laws, regulations, policies, procedures, and practices to ensure the protection of individuals' rights.
- ◆ Review the scope and content of training programs designed by the department to promote responsible performance of the duties assigned under these regulations by providers, employees, human rights advocates, and LHRC members, and, where appropriate, make recommendations to the Commissioner.
- ◆ Evaluate the implementation of these regulations and make any necessary and appropriate recommendations to the board, the Commissioner, and the State Human Rights Director concerning interpretation and enforcement of the regulations.
- ◆ Submit a report on its activities to the board each year.
- ◆ Adopt written bylaws that address procedures for conducting business; making membership recommendations to the board; electing a chair, vice chair, secretary and other officers; appointing members of LHRCs; designating standing committees and their responsibilities; establishing ad hoc committees; and setting the frequency of meetings.
- ◆ Review and approve the bylaws of LHRCs.
- ◆ Publish an annual report of the status of human rights in the mental health, mental retardation, and substance abuse treatment and services in Virginia and make recommendations for improvement.
- ◆ Require members to recuse themselves from all cases where they have a financial, family or other conflict of interest.
- ◆ Perform any other duties required under these regulations.

MISSION STATEMENT

The Office of Human Rights assists the Department in fulfilling its legislative mandate under § 37.1-84.1 of the Code of Virginia to assure and protect the legal and human rights of individuals receiving services in facilities or programs operated, licensed or funded by the Department.

The mission of the Office of Human Rights is to monitor compliance with the Human Rights Regulations by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in our service delivery systems, and managing the DMHMRSAS Human Rights dispute resolution program.

STRUCTURE

The Office of Human Rights is located within the Department of Mental Health, Mental Retardation and Substance Abuse Services. The State Human Rights Director who reports to the Commissioner supervises the program. The State Human Rights Director oversees statewide human rights activities and provides guidance and direction to human rights staff.

The **State Human Rights Committee** consists of nine volunteers, who are broadly representative of various professional and consumer groups and geographic areas of the state. Appointed by the State Board, the SHRC acts as an independent body to oversee the implementation of the human rights program. Its duties include to: receive, coordinate and make recommendations for revisions; review the scope and content of training programs; monitor and evaluate the implementation and enforcement of the regulations; hear and render decisions on appeals from complaints heard but not resolved at the LHRC level; review and approve requests for variances to the Regulation, and appoint LHRC members.

The **Local Human Rights Committees** are committees of community volunteers who are broadly representative of various professional and consumer interests. LHRCs play a vital role in the Department's human rights program, serving as an external component of the human rights system. LHRCs review client complaints not resolved at the program level; review and make recommendations concerning variances to the regulations; review program policies, procedures and practices and make recommendations for change; conduct investigations; and review restrictive programming.

Advocates represent consumers whose rights are alleged to have been violated and perform other duties for the purpose of preventing rights violations. Each state facility has at least one advocate assigned, with regional advocates located throughout the state who provide a similar function for clients in community programs. The Commissioner in consultation with the State Human Rights Director appoints advocates. Their duties include investigating complaints, examining conditions, which impact client rights and monitoring compliance with the human rights regulations.

STATE HUMAN RIGHTS COMMITTEE MEMBERS

James Harper

Chair

Mr. Harper is employed as a Counselor Shift Supervisor at the Woods Program--A wilderness experiential education program ran by the Va Baptist Children's Home. He is a graduate student with the Old Dominion University Special Education Program. He also serves as Program Facilitator for the Fatherhood Involvement Project, which is a grant program of the Virginia Pep Start Program. Additionally, Mr. Harper is a fireman/EMT with the Natural Bridge Volunteer Fire Department serving as the EMS Coordinator and is a certified Virginia Supreme Court Mediator. Mr. Harper has served as a member of the Mt. Rogers Local Human Rights Committee. He was appointed to a term of July 1, 1996 to June 30, 1999 and reappointed to a term of July 1, 1999 to June 30, 2002. Mr. Harper resides in Natural Bridge, Virginia.

Peter McIntosh

Chair

Mr. McIntosh is an Associate with the law firm of Michie, Hamlett, Lowry, Tweel and Rasmussen. He is a former member and Chair of the Region Ten Community Services Board's Local Human Rights Committee and former Vice Chair of the SHRC. He was appointed to a term of July 1, 1997 to June 30, 2000 and reappointed to a term of July 1, 2000 to June 30, 2003. Mr. McIntosh resides in Charlottesville, Virginia.

James Briggs

James Briggs is the Manager of the Client's Rights Program for the Virginia Department of Corrections (DOC). He is a former member of Central State Hospital's Local Human Rights Committee. He has been a counselor in the past, and has 20 years experience working for the rights of those in a DOC facility. Mr. Briggs was appointed to a term of July 1, 1998 to June 30, 2001 and reappointed to a term of July 1, 2001 to June 30, 2004. Mr. Briggs resides in Chester.

Joyce Bozman

Joyce Bozeman, PhD., has extensive administrative and teaching experience in Higher Education, State Government and Non-Profit Organizations and has served as Coach for the Honda All-Star Challenge [academic] Team. She was Senior Policy Advisor to the President of Virginia State University and has directed a comprehensive human resources program for the Virginia Department of Waste Management. Dr. Bozeman worked for DMHMRSAS as Executive Assistant to the Commissioner from 1987 to 1991. She was appointed to a term of July 1, 2001 to June 30, 2004. Dr. Bozeman resides in Chesapeake, Virginia.

Carol Gittman

Ms. Gittman is retired from Fort Lee where she worked as a Supervisory Management Analyst. She is a former member of Central State Hospital's Local Human Rights Committee. Ms. Gittman has participated in a Bipolar Disorder study conducted by the Psychiatric Institute of New York at Columbia University. She was appointed to a term of July 1, 1997 to June 30, 2000 and reappointed to a term of July 1, 2000 to June 30, 2003. Ms. Gittman resides in Dinwiddie County, Virginia.

Linda Martin

Ms. Martin is a Registered Nurse who has served on the Piedmont Geriatric Hospital's LHRC for a total of 18 years and served as Chair several times during her tenure on the committee. She served as Director of an area agency on aging, did a stint in long-term care, and has spent her career as a registered nurse in the field of College Health. She has certification from the American Nursing Credentialing Center in College Health, a certificate in basic mediation from the Dispute Resolution Center, and certification as an alcohol education instructor from Prevention Research Institute. Ms. Martin has presented several programs at national, regional, and local conferences in various areas pertaining to College Health, and has served on and chaired several state and college committees and task forces. She was appointed to a term of July 1, 2001 to June 30, 2004. Ms. Martin resides in Hampden-Sydney, Virginia.

Michael Marsh

R. Michael Marsh, MSW, Ph.D., is a retired Social Worker. Dr. Marsh served on the Blue Ridge CSB (now known as the Blue Ridge Behavioral Healthcare) Local Human Rights Committee for two terms until June 2001, and has provided outstanding leadership and direction to the LHRC as Chairman. Dr. Marsh retired as Facility Director of Catawba Hospital for the DMHMRSAS in 1995 having served in that capacity for 17 years. He has knowledge and experience with the human rights program, and has demonstrated an unyielding commitment to persons with disabilities. Prior to employment with the DMHMRSAS he was a Medical Service Corps officer serving in a variety of positions in the Army that included working as a clinical social work officer and as a general staff officer in the Headquarters Department of the Army and in the Office of the Secretary of Defense. Dr. Marsh was appointed to a term of July 1, 2001 to June 30, 2004. He resides in Salem, Virginia.

Loretta Redelman

Ms. Redelman is a Retired Dental Hygienist. She has extensive experience working with persons with mental retardation, having been employed at the Dental Clinic of the Northern Virginia Training Center from 1978 until 1988. She is a former member of the Northern Virginia Training Center's Local Human Rights Committee and former Chair of the SHRC. She was appointed to a term of July 1, 1996 to June 30, 1999 and reappointed to a term of July 1, 1999 to June 30, 2002. Ms. Redelman resides in Fairfax, Virginia.

OFFICER APPOINTMENTS/MEMBERSHIP CHANGES

Effective July 1, 2001

James Harper, Co-Chair
Peter McIntosh, Co-Chair

Terms Expired in 2001:

Delores Archer, Clinical Psychiatrist, Short Pump, Richmond
Carol Hancock-Taaffe, Psychiatric Nurse, Norfolk
JoAnn M. Thomas-Wilson, Child Psychologist, Richmond

New Appointments in 2001

Joyce Bozman, Linda Martin and Michael Marsh were appointed to the SHRC by the State Mental Health, Mental Retardation and Substance Abuse Board on July 1, 2001. The psychiatrist position remains vacant since the departure of Dr. Ronald Forbes.

STATE HUMAN RIGHTS COMMITTEE ACTIVITIES

- **Human Rights Plans**

Human Rights Plans and Plan Modifications were approved for the following 53 providers:

Affiliated Clinical Therapists Program
ARC of the Piedmont
BenchMark Residential, Inc.
Braley & Thompson, Inc.
Brother's Keeper, Inc.
Cabaniss Consultants, LLC Human Rights Plan
Circles of Hope Mental Health Agency
Commonwealth Support Systems, Inc.
Community Services of Virginia, Inc.
Community Solutions
Destiny Adult Day Services
Diamonds In The Rough Youth And Family Services, Inc.
Doss Estates, Inc.
Faith Recovery Services
Family Focus, Inc.
Family Focused Services, LLC
Family Life Services
Family Priority, LLC.
Family Systems II
First Family Homes
Genesis House
Genesis Treatment Agency
Hallmark Youthcare-Richmond
Hamlet House Youth Services, LLC
Hartwood Foundation, Inc.
Heritage House of Virginia, Inc.
H.O.P.E. Youth Development Group, Inc.
Intensive Supervision and Counseling Services, LLC
Interventions Counseling and Consulting Services
JANAN Services, Inc.
Mayo Residential
Meier New Life Clinic
Mercy N Grace Residential Services, Inc.
New Roads, Inc.
Out of the Box Creations, Inc.
Pines Residential Treatment Center/Kenbridge Campus
Portsmouth House
Presbyterian Homes & Family Services - Adult Homes
Providence Homes Inc.
Quality Care Residential and In Home Services, LLC
Ragged Mountain Home
Southside Community Services Board

Southside Family Connections, Inc.
Substance Abuse Consulting Services, Inc.
Unique Friends, LLC
Victoria Transcultural Clinical Center, LLC
W. W. Providers Plus, LLC
Westlake Residential
Wilkerson's Consultants, Inc.
Willowbrooke Adult Group Home
Woodland Individualized Care, LLC
Youth Services International, Inc., Genesis Treatment Agency
Zorzan Home

- **LHRC Bylaws**

LHRC Bylaws and Bylaw revisions were approved for the following **16** LHRCs:

Central Virginia Community Services
Eastern State Hospital
Fredericksburg Area LHRC
Genesis Treatment Agency Bylaws (Region V)
Heartland Regional LHRC
Hiram W. Davis Medical Center
Homebased Intensive Clinical Services
Piedmont Community Services LHRC
Presbyterian Homes & Family Services LHRC By-laws modifications
R.C. Right Home
Richmond Tri-Cities LHRC
Southampton Memorial Hospital LHRC Bylaws
Southern Virginia Mental Health Institute LHRC
Southside Community Services
Southside Virginia Training Center
Universal Family LHRC Bylaws

- **Variances**

Variances were approved for the following provider:

Peninsula Behavioral Center

- **Meetings**

In 2001 the State Human Rights Committee held the following meetings:

January 26	Southside Virginia Training Center Petersburg, VA
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March 9	Eastern State Hospital Williamsburg, VA
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April 20	Catawba Hospital Salem, VA
June 1	Fairfax County Government Center Fairfax, VA
July 13	Rappahannock Area Community Services Board Fredericksburg, VA
August 24	Central Virginia Training Center Lynchburg, VA
October 4 & 5	LHRC/SHRC Seminar Richmond, VA
November 2	Central Office Richmond, VA
December 7	Eastern State Hospital Williamsburg, VA

Meeting at various facilities and programs throughout the state provides the Committee with first hand knowledge and familiarity with the kinds of services available to clients and the settings within which services are provided. However, meetings are frequently held at other locations to accommodate hearings or when the agenda dictates the need to schedule meetings in the Central Office.

- **Case Reviews**

Making decisions regarding consumer appeals is among the most challenging and important tasks for the SHRC. Three (3) cases were brought before the State Human Rights Committee on appeal in 2001. Each case provided the consumer with an additional opportunity to be heard regarding their human rights complaint. These appeals are the culmination of the human rights process and the decisions rendered by the SHRC provide guidance to LHRCs, facilities and programs across the state. Issues addressed in decisions rendered by the SHRC this past year included:

- * right to protection from harm, abuse and exploitation
- * right to confidentiality
- * right to treatment with dignity
- * right to informed consent
- * right to participation in decision-making

- **Other Activities**

A central function of the SHRC is to identify human rights issues throughout the service delivery system and make recommendations to the appropriate entities. This past year the SHRC made recommendations regarding barriers to discharge including the discharge of undocumented aliens,

use of surveillance cameras, and the use of removal and/or time-out. The SHRC, with guidance from the Office of the Attorney General, continued to clarify for itself and the LHRCs, how the Freedom of Information Act affects LHRC/SHRC hearings.

In regard to the oversight of the LHRCs, the SHRC addressed the following issues:

- ◆ Membership selection process
- ◆ Appropriate number and geographical location of LHRCs pursuant the new human rights regulations
- ◆ LHRC affiliations for programs that have a parent organization with multi-site programs
- ◆ Appointment of residents of a program to the LHRC of that program
- ◆ Regional LHRCs
- ◆ Conflict of interest

The SHRC had two presentations on the status of the investigation process within the state facilities in accordance with Departmental Instruction 201. Several complaints came before the committee regarding the backlog of cases and how this impacted the consumer's right to a speedy review. The SHRC submitted recommendations to the Abuse and Neglect Workgroup to revise DI 201.

The SHRC continued with the practice of conducting an administrative meeting beginning at 8:00 prior to the start of the formal SHRC meeting at 10:00. Every other administrative meeting was an "Advocates Forum" where the advocates and SHRC discussed systemic issues. The increased understanding of systemic issues and time for administrative activities enabled the SHRC to better serve and protect consumers.

OFFICE OF HUMAN RIGHTS PROGRAM HIGHLIGHTS

STAFFING

The Office of Human Rights employed three new advocates in 2001. Musa Ansari was hired to fill the vacancy at WSH that was created by the promotion of Randy Uργο. Ann Petrie was hired to fill the vacancy at NVMHI created when Eileen Crean resigned to pursue other opportunities.

Following the retirement of Stella Sabados in June 2001, Chris Ruble was selected to fill the vacant position at CCAA. Assistant Director, Rita Hines accepted a position at Richmond Behavioral Health Authority in December 2001. Musa Ansari was selected to fill the Assistant Directors position at that time. The Office of Human Rights Directory/Roster and OHR Regions can be found in **Appendix I**.

The establishment of the sixth region with a regional advocate and licensing specialist at CVTC in 2000/2001 has proved to be successful. The new regional office was established in response to the increasing number of community providers in that part of the state. Each of these new service providers had to develop a Human Rights Plan and become affiliated with an LHRC in order to receive a license from the Department.

The OHR continues to utilize some advocates to provide services to both community and state facility programs. This strengthens both the community and facility programs by providing continuity of care and an increased emphasis on discharge planning and service development. The OHR continues to cross train staff in providing advocacy services to consumers in both facilities and communities. This will enable the OHR staff to provide services to the consumer wherever they receive services and not be bound by the constraints of bricks and mortar.

RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

1. The regulations became effective on November 21, 2001. Over 200 individuals or groups provided comments on the regulations during the two public comment periods. The regulations were reviewed and commented upon by two Health and Human Resource Agency Reviews.
2. Training events on the new regulations began before the regulations became effective. Individual presentations or meetings were held with constituents such as the Mental Health Planning Council (MHPC), Parents of the Institutionalized Retarded (PAIR), Virginia Hospital and Healthcare Association (VHHA), Fidura and Associates, Virginia Association of Community Services Boards (VACSB), Virginia Alliance for the Mentally Ill (NAMI) and the Department for the Rights of Virginians with Disabilities (DRVD).
 - ◆ On July 16-18th the Human Rights Retreat was held. Staff from key Central Office units and the Office of the Attorney General met for three days to learn about the new regulations and how they differ from the three old sets of regulations.
 - ◆ The first LHRC/SHRC Seminar in many years was held on October 4th and 5th. Providers sponsored over 250 LHRC members to attend this seminar. The program included such topics as How to Conduct a Hearing, the Complaint Process, the Role of the Advocate, the

Management of LHRC/SHRC Meetings and Processes, Informed Consent/Substitute Decision Making and Restrictive Programs. The evaluations from the seminar were overwhelmingly positive!

- ◆ In December the OHR and Office of the Attorney General provided five of the six comprehensive trainings on the new human rights regulations. The training was targeted to specific audiences such as private psychiatric hospitals, community providers and state facilities. The sixth training session was held in February. Over 750 providers participated in these sessions which were broadcast via polycom to sites across the state. Tapes were made of these sessions and are available.
- ◆ Five additional human rights training sessions are planned in collaboration with the Institute of Law, Psychiatry and Public Policy (ILPPP). These sessions are open to consumers, family members, LHRC/SHRC members, providers, professionals, advocacy groups and other interested parties. The dates and locations are as follows:

April 29 th	WSH
May 15 th	Comfort Inn, Richmond
May 24 th	Fairfax Government Center
June 6 th	Omni Hotel, Newport News
June 21 st	Donaldson Brown Conference Center, VA Tech

3. To assist with the implementation of the new regulations several types of resources have been and are being developed including a videotape and workbook that providers may use for training staff. The following information is available on the Office of Human Rights web page:
 - ◆ Frequently Asked Questions (FAQ)
 - ◆ “Notice of Rights” in five different languages
 - ◆ Human Rights Training information
 - ◆ Implementation Monitoring Schedule
 - ◆ Seclusion and Restraint Crosswalk
 - ◆ ECT Check list
 - ◆ Human Rights Compliance Review Form

OFFICE OF LICENSING/OFFICE OF HUMAN RIGHTS

This past year saw a continuation of the unprecedented cooperation and collaboration between the OHR and the Office of Licensing. These efforts were prompted by **§ 37.1-84.1 (A) 10, § 37.1-179 and § 37.1-185.1** of the **Code of Virginia**. These sections of the code require providers to be in compliance with the human rights regulations in order to become licensed by the Department and require each provider to undergo periodic human rights reviews. The code also establishes human rights enforcement and sanctions, which provides consequences for providers for failure to comply with human rights regulations. The OHR and OL participated in two collaborative training events including the three-day Human Rights Retreat in July, which provided an overview of the new human rights regulations. In August the staff from both offices met to begin to develop a method of monitoring the compliance with the human rights regulations. A model for monitoring initial

compliance was developed and efforts continue to explore models for monitoring ongoing compliance. The goal is to adopt a model that will increase the validity of the monitoring activities and maximize the utility of staff resources.

The OHR and OL also developed a protocol to clarify the relationship between the OL and the OHR in the area of abuse and neglect investigations. The protocol establishes a model for investigations, which is consistent and most importantly provides the maximum protection for consumers. The protocol has improved the quality of investigations for both offices.

HUMAN RIGHTS REGULATIONS TRAINING AND IMPLEMENTATION ADVISORY TEAM

An advisory team of stakeholders was assembled to provide consultation to the Office of Human Rights on the development of the training and implementation plan for the Human Rights Regulations. This team met three times in 2001 and was instrumental in the development of the initial compliance schedule and various training programs and resources.

CHRIS (Computerized Human Rights Information System)

The CHRIS system has been revised and is operating successfully in the state facilities. The use of the CHRIS system by the CSBs continues to be limited to date. However, the community programs are reporting abuse and neglect allegations and human rights complaints as required.

REGIONAL LHRC TRAINING

Human Rights Staff devoted many hours to providing training for local human rights committee members and sessions were conducted throughout the various regions. Advocates also conducted training for facility and program staff and clients. The LHRC/SHRC Seminar was held on October 4th and 5th. Over 250 members of local and state human rights committees attended this training event.

TRAINING AND STAFF DEVELOPMENT

Quarterly Advocate meetings were held at WSH on 2/28 and 2/29, in Richmond on 6/29 and 6/30, at ESH on 9/28 and 9/29 and in Richmond on 12/18 and 12/19. The training was geared toward enhancing staff ability to effectively advocate for their clients. These meetings also served to keep staff informed of relevant policy and legislative changes. Guest presenters and staff of the Office of Human Rights provided the training.

ABUSE RELATED INITIATIVES

Office of Human Rights staff have been involved in several initiatives relative to abuse and neglect. These efforts include collaborating with the Office of Licensing in developing the inter-office protocol for investigations and the clarification of roles during the investigation of allegations of abuse or neglect. Additionally, the OHR and SHRC have been involved in providing comments regarding the revision of Departmental Instruction 201 that governs the abuse/neglect process within state facilities. OHR staff have served on committees and provided comment on the improvement of this system.

PROJECTED ACTIVITIES FOR 2002

The primary goal for the Office of Human Rights for the year 2002 is to provide quality advocacy services to consumers in programs operated, funded and licensed by the Department. This is always the central function of the OHR and all other goals and activities support this goal. Major projected activities for the Office of Human Rights for the year 2002 are as follows:

- ◆ Provide training for consumers, providers and professionals on the new regulations.
- ◆ Clarify, support and reinforce the change in roles for advocates, LHRC and SHRC members.
- ◆ Provide answers to questions regarding the implementation of the new regulations via the FAQ page on the OHR web page.
- ◆ Monitor compliance with the regulations. Coordinate the monitoring of community program compliance with the Office of Licensing.
- ◆ Assist the SHRC with the management of the LHRC affiliation process.
- ◆ Develop resources to assist consumers and providers with understanding and implementing the new regulations.
- ◆ Identify options to improve the system and availability of alternative decision makers
- ◆ Increase accountability and consistency in the provision of advocacy service

LOCAL HUMAN RIGHTS COMMITTEES

Local Human Rights Committees continue to monitor the activities of facilities and community programs in assuring protection of clients' rights. The volunteers who serve on these committees lend their time and expertise to ensure compliance with the Rules and Regulations. Committee members are appointed by the State Human Rights Committee and are eligible to serve two three-year terms. A listing of all 55 LHRCs and their program affiliates can be found in **Appendix III**.

All committees meet at least quarterly, with many meeting on a monthly basis. Local Human Rights Committees activities include:

- reviewing complaints filed on behalf of clients;
- developing Bylaws;
- reviewing Variance requests;
- conducting fact-finding Conferences;
- reviewing restrictive programs; and
- reviewing policy and procedures.

ADVOCATES ACTIVITIES

During the year, human rights staff was involved in numerous activities to ensure and protect the rights of consumers. These activities included:

- Educating consumers, families, staff and Local Human Rights Committees on the rights of consumers;
- Monitoring compliance with the Rules and Regulations;
- Assisting consumers in presenting and resolving complaints;
- Assisting in developing and amending various human rights plans and programs;
- Providing training to staff and LHRCs; and
- Providing consultation to consumers, program staff, LHRCs, advocacy and community groups on the human rights program.
- The regional advocates provide advocacy services to community services boards and licensed programs in their assigned service areas. They also provide supervision to the facility advocates in that area.

**SUMMARY OF COMMUNITY PROGRAM ABUSE /NEGLECT and COMPLAINT
ALLEGATIONS**

The following graph reflects statistics on abuse/neglect allegations/substantiation and human rights complaints from community programs for the years 2000 and 2001. This information is reported to the Regional Advocates from the Community Service Boards (CSB) and private providers.

- There were a total of 823 human rights complaints as reported to Regional Advocates in 2000 and 840 in 2001.
- There were a total of 1029 allegations of abuse and/or neglect as reported to Regional Advocates in 2000 and 899 allegations in 2001.
- There were a total of 153 substantiated cases of abuse and or neglect as reported to Regional Advocates in 2000 and 162 substantiated cases in 2001.

**2000/2001
Community Programs**

	Abuse Allegations	Abuse cases Substantiated	Percent Substantiated	Human Rights Complaints
2000	1029	153	14%	823
2001	899	162	18%	840

SUMMARY OF STATE FACILITY

HUMAN RIGHTS COMPLAINTS and ABUSE/NEGELCT ALLEGATIONS

(Data source is CHRIS)

- There were a total of 1740 complaints received from consumers in facilities in 2001. In 2000 there were 1863 complaints.
- 87% of the facility complaints were resolved at the Directors level or below. Two human rights complaints of consumers in a state facility were heard on appeal at both the LHRC and SHRC level.
- There were a total of 785 allegations of abuse/neglect in the state facilities. There were 596 in 2000.
- 46 facility employees were terminated for abuse or neglect in 2001.
- 12 facility employees resigned as a result of receiving an allegation of abuse or neglect
- 12% of facility abuse/neglect allegations were substantiated in 2001. That is up from 9.4% in 2000.

Facility	Abuse/Neglect				Complaints	
	#Allegations/ #Substantiated					
	2000		2001		2000	2001
Catawba	46/1	(2%)	33/0	(0%)	242	210
Central State	122/11	(9%)	223/29	(13%)	202	60
CVTC	28/4	(14%)	68/14	(20%)	244	176
CCAA	22/2	(9%)	25/1	(4%)	47	69
Eastern State	148/20	(13%)	101/23	(22%)	253	203
Hiram Davis	5/0	(0%)	12/0	(0%)	1	2
NVMHI	4/0	(0%)	41/0	(0%)	54	251
NVTC	13/3	(23%)	11/3	(27%)	41	17
Piedmont	5/0	(0%)	18/4	22%)	137	106
SEVTC	36/2	(5%)	52/5	(9%)	16	9
SVMHI	12/2	(16%)	12/0	(0%)	49	32
SSVTC	33/5	(15%)	34/9	(26%)	13	9
SWVMHI	46/1	(2%)	30/0	(0%)	201	183
SWVTC	32/2	(6%)	63/2	(3%)	16	22
Western State	45/3	(6%)	62/5	(9%)	343	391
Totals	596/56	(9.4%)	785/95	(12%)	1863	1740

APPENDIX

I

OFFICE OF HUMAN RIGHTS ROSTER
OFFICE OF HUMAN RIGHTS REGIONS

APPENDIX

II

LOCAL HUMAN RIGHTS COMMITTEES AND AFFILIATIONS